

19124

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 28 1943

Registration District No. ....

Primary Registration District No. 60076

Registrar's No. 1240

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town Gardenville, Missouri.  
(c) Name of hospital or institution: Millers Nursing Home, 48149 Gravois.  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 22 Months.  
(If not in hospital or institution, write street number or location)  
(Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Samuel C. Stansell.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beulah Stansell 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased October 2 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 7 22 hr. min.

9. Birthplace Ripley, Mississippi.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Prison Guard.

11. Industry or business.

12. Name Don't Know  
13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Samuel Stansell.

(b) Address 8226 Monroe Street.

17. (a) Burial. (b) Date thereof May 27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cavalary Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Avenue.

19. (a) 5-26-43 (b) C. J. McFarland  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 8226 Monroe. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 5th 1942 to May 23rd 1943  
that I last saw him alive on May 23rd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death General weakness Duration  
Hemiplegia

Due to Hypertension

Due to general paralysis

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature C. J. McFarland (M. D. or other) M.D.  
Address 1254 N. Kingshighway Date signed 5-25-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9600

787

Doctor J. J. Meredith.  
1259 N. Kingshighway.  
Telephone Fo. 0047.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

Bernice Hoffman  
working under my personal supervision.

, Registered Apprentice No. 346

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

5966 Easton St. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.